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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/673,185	<b>FILING DATE</b> 10/12/2000 <b>RULE</b> -	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> J&J 1796	
<b>APPLICANTS</b> Igor Philip Passos Proglhof, Sao Jose dos Campos, BRAZIL; <i>CMA</i>					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/BR00/00022 03/17/2000 <i>CMA</i>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 11/09/2000</b> <i>CMA</i>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>[Signature]</i> Acknowledged <i>CMA</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> BRAZIL	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Audley A Ciamporcero One Johnson & Johnson Plaza New Brunswick ,NJ 08933-7003					
<b>TITLE</b> Tampon					
<b>FILING FEE RECEIVED</b> 896	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

## DO/E9 BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 673185 ✓ RECEIPT DATE: 10 / 12 / 00 ✓  
IA NUMBER: PCT/ BR00 / 00022 ✓ IA FILING DATE: 03 / 17 / 00 ✓  
FAMILY NAME: PASSOS PROELHOF DELAY WAIVED (Y/N): Y ✓  
GIVEN NAME: IGOR PHILIP I DEMAND RECEIVED (Y/N): N ✓  
PRIORITY CLAIMED (Y/N): Y ✓ PRIORITY DATE: 03 / 17 / 99 ✓  
NO BASIC FEE (Y/N): N ✓ US DESIGNATED ONLY (Y/N): N ✓  
ATTORNEY DOCKET NUMBER: J&J 1796 ✓ COUNTRY:  
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000  
FAX  
NAME: PHILIP S JOHNSON ✓  
JOHNSON & JOHNSON ✓  
STREET: ONE JOHNSON & JOHNSON PLAZA ✓  
CITY: NEW BRUNSWICK ✓  
STATE/COUNTRY: NJ ✓ ZIP: 089337003 ✓  
EMAIL:  
APPLICATION TITLES:  
TAMPON ✓

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